DOCUMENT RESUME

ED 474 784 PS 031 174

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TITLE	National Head Start Association Position Paper: A Look at Head Start's Health Services and Their Value to Our Nation's Poorest Children.
INSTITUTION	National Head Start Association, Alexandria, VA.
PUB DATE	2003-00-00
NOTE	8p.; For related document, see PS 031 173.
AVAILABLE FROM	National Head Start Association, 1651 Prince Street, Alexandria, VA 22314. Tel: 703-739-0875; Fax: 703-739-0878; Web site: http://www.nhsa.org. For full text: http://www.nhsa.org/research/ pdf_doc/positionpaper-health.pdf.
PUB TYPE	Opinion Papers (120)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	At Risk Persons; *Block Grants; *Child Health; Early Childhood Education; *Federal Programs; Federal State Relationship; Health Promotion; Health Services; *Organizations (Groups); Position Papers; *Preschool Education; Professional Associations; State Federal Aid
IDENTIFIERS	Head Start Program Performance Standards; National Head Start Association; *Project Head Start

ABSTRACT

Since its inception, Head Start has used a varied and comprehensive approach to meet the needs of children in poverty. This position paper of the National Head Start Association asserts that the program's current federal-to-local guidance and funding structure under the Department of Health and Human Services is effective and argues that valuable health services will be reduced or eliminated if the Head Start program funding is block granted to the states. Under the guidance of the Head Start Program Performance Standards, Head Start incorporates a broad health plan including medical, dental, nutritional, and mental health services and thereby makes available health services to almost one million at-risk children. The paper claims that giving states control of Head Start would remove Program Performance Standard requirements and would be a radical departure from the organization's past history of helping the nation's poorest children. The bulk of this paper illustrates ways that Head Start health services help children in poverty, including establishing a medical home for poor children by creating collaboration between families, staff, and health professionals; providing a battery of health screenings upon program enrollment; checking children for undetected diseases and illness; providing immunizations; providing dental services; providing mental health services that increase children's chances of growing up mentally and emotionally productive; and providing nutrition services. The paper concludes by reiterating that block granting Head Start to the states would gravely endanger the success of children that society has already deemed to be at-risk. (Contains 17 endnotes.) (KB)

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ED 474 784

National Head Start Association

Position Paper: A Look at Head Start's Health Services and Their Value to Our Nation's Poorest Children

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ACKNOWLEDGEMENTS

At the National Head Start Association, thanks are due to Sarah Greene, Ben Allen, Joel Ryan, Elizabeth Kane, Amy Shillady, and Jacquelyn Hansen.

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Introduction

Head Start's federal-to-local guidance and funding structure under the Department of Health and Human Services is a formula that works for children in poverty. Head Start, as it exists today, is dedicated to preparing at-risk children for a better tomorrow. Head Start has been guided by the belief that poverty is not just an occurrence; rather, it is a state within which unpleasant complexities can hinder the successful development of children. Head Start recognizes that these children's development depends upon a varied and comprehensive approach. With meeting the needs of children in poverty as its goal, Head Start — with its Program Performance Standards — is guided by regulations to ensure provision of services that best offset the grim realities of poverty.

A major way that Head Start accomplishes its goal is through health services. The health services Head Start provides are sound investments in America's poorest children. They increase poor children's ability to perform in school, reduce the likelihood of untreated illness and suffering, help eliminate health problems that will prevent poor school attendance in subsequent years, and increase the likelihood that poor children will grow up to be healthy, productive members of society. Regrettably, these valuable health services will be reduced or even eliminated if Head Start is block granted to the states. If states gain control of Head Start and Head Start Program Performance Standards are no longer required, close to one million at-risk children will suffer.

While some might argue that health care resources are available, the prevailing reality is that resources and services frequently do not reach children in poverty. Low-income children are less likely to have access to health insurance and good health education. Low-income children are less likely to receive medical care and attention. In fact, children from low-income families with no insurance are more than three times as likely to be without a regular source of health care.[1] Even more alarming — children in low income families tend to have poorer health compared to children in high income families.[2] When considering the development of poor children and their future success, the reality is disturbing. The Head Start formula of federal-to-local control, however, through the Department of Health and Human Services (DHHS), has taken a central role in addressing the problem.

The Head Start Program embraces a proactive approach, which provides needy children access to health care. Head Start is currently guided by the Head Start Program Performance Standards, which incorporates a broad health plan that includes medical, dental, nutritional, and mental health services. These health services are available to almost one million of the nation's most vulnerable children in Head Start through DHHS. Because Head Start was developed with the conviction that children in poverty are less likely to receive health care and that children must be healthy and well nourished in order to learn, the founders of Head Start created a system that would increase these children's chances for success by decreasing their risk factors. It is for this reason, among many others, that it would be a risky and radical scheme to give states control of Head Start and remove the requirement that guarantees health services to these children.

Head Start's approach is a sound method of helping America's poorest children. Unlike the obdurate plan to block grant Head Start to the states, Head Start with its current formula recognizes the interrelationship between each of the developmental domains. For poor children, the development of one or more domain is often neglected. Head Start's approach, therefore, ties each domain – physical, social, emotional, and cognitive – closely together. The creators of Head Start understood that children in poverty generally lack needed health care, which can neglect and hinder the development of a child's physical, social, emotional and/or cognitive progress.[3]

This is critical because development (or difficulty) in one domain can limit or facilitate development in others.[4] A hungry child, for example, will have difficulty concentrating, which will impair his ability to comprehend, and a child with undetected visions problems will have difficulty reading. While vision and hunger are two impediments to learning, the actual list of health-related impediments to learning is extensive. Research repeatedly demonstrates that health issues are a principal hindrance to learning. Healthy, well-nourished children are more ready to learn and can take better advantage of educational opportunities. Poor nutrition has been linked to lasting (impaired) cognitive development and school performance.[5] These facts alone send a wake-up call that Head Start's health services are critical to the success of poor children. To remove or de-emphasis these services will deny our nation's most vulnerable children of what they need, good heath care.

Consider the Head Start child in Dallas, Texas, who was tested for anemia and had an unhealthy hemoglobin gm/dl of 7.0, but through Head Start health services now, has an encouraging hemoglobin gm/dl of 10.7. Another Head Start child had a large inguinal hernia but did not qualify for Medicaid or Children's Health Insurance Program (CHIP), yet because of Head Start's efforts, the preschooler received the necessary surgery to repair the hernia. Consider the Head Start child in Wilsonville, Oregon, who appeared quiet and withdrawn. Head Start's health services revealed that he was profoundly deaf. Because of Head Start, this child is being taught sign language and has a chance to receive cochlear implants.[6] The health of each of these children had been neglected, and each of them had a health problem that was impairing their ability to learn. Head Start's current formula worked for these children, and each one of them is now in a better position to learn and to succeed. While these are just three examples, the number of poor children depending on Head Start's health services is much greater. By providing screenings for children in poverty and responding to any medical conditions that the screenings reveal, Head Start prevents future disability by providing preventative services and health education.

Head Start Health Services Help Children in Poverty

Head Start programs establish a "medical home" for children in poverty by creating collaboration between families, staff, and health professionals.[7] The goal is to ensure that children's health needs are properly identified. Head Start staff is responsible for coordinating health care and resources. Head Start children and families are linked to accessible health care to meet their needs. If it is determined that a child does not have proper funding for health services, the staff work with the family to plan strategies which ensure that the family obtains access to health care providers and resources.

Head Start children receive a battery of health screenings upon enrollment in the program.[8] The preliminary screenings include: basic health and dental, hearing and vision, and an assessment of immunization status. The screening process identifies children who need to be referred for additional assessments. An additional assessment would lead to a child receiving intervention services if necessary. Head Start children are provided access to medical aids such as glasses, hearing aids, and other medical services to correct or treat medical problems. Due to Head Start, 866,005 vulnerable children received medical screenings, and 25,869 were diagnosed and received treatment for vision problems during the 2001-2002 program year.[9]

Head Start children, our nation's poorest children, are checked for undetected diseases and illnesses. Whether a child has tuberculosis, asthma, or any other common chronic disease, Head Start's comprehensive health approach, as required by the Program Performance Standards, allows it to be identified. Last year, more than 47,000 children were able to receive treatment for asthma through the Head Start program.[10]

Head Start children have up-to-date immunizations that reduce their chances of catching deadly diseases. Through the screening process, children who are not up-to-date with their "well-child" care are identified. Agencies work collaboratively with parents and providers to make arrangements for children to receive needed examinations and immunizations. For children who are up-to-date, a plan is developed to ensure that parents and/or care providers continue to follow the recommended immunization schedule. By the end of the 2001-2002 program year, 871,843 of our nation's most vulnerable children were up-to-date on all their immunizations through the Head Start program.[11]

Head Start children do not have to suffer toothaches: services are provided that promote healthy teeth. Through Head Start, our nation's poorest children are taught the importance of tooth brushing and dental care. Head Start works with dental professionals to ensure that Head Start children have healthy teeth. Dental problems are identified and corrected. Fluoride supplements and topical fluoride treatments (as recommended by dental professionals) are provided in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay. In many cases, Head Start money is made available to cover the cost of exams and treatment when no other source of state or local assistance is available.[12] During the 2001-2002 program year, 600,863 of our most vulnerable children received preventive dental care and 170,863 received dental treatment for tooth decay or other deficiencies.[13] One study found that more Head Start children received dental examinations than non-Head Start children did.[14]

Head Start children receive mental health services that increase their chances of growing up mentally and emotionally productive. The initial screenings allow for children who have mental health concerns to be identified. Programs collaborate with mental health professionals and families to address issues that will prevent normal mental and emotional development. In one year, 16,440 of our nation's poorest children were diagnosed as needing and received mental health treatment through Head Start health services.[15]

Head Start children do not have to be distracted by hunger or growth deficiencies due to lack of nutrition: Nutrition services that promote child wellness are provided.[16] Head Start child nutrition services assist families in meeting each child's nutrition needs and in establishing good eating habits that nurture healthy development and promote life-long well-being. Head Start reduces the hunger poor children suffer by providing healthy meals and by linking families to good nutritional resources.

Conclusion

In 1965, the federal government, with the creation of Head Start, acknowledged that the needs of children in poverty are different from those of other children and that the educational approach must be different in order to help them. It established a comprehensive approach to help such children, and for nearly 40 years more than 21 million of our nation's most vulnerable children have benefited.[17] The Program targets the nation's poorest children, helps them obtain good health care, encourages practices that prevent future illness and injuries, identifies health problems, and promotes healthy practices — all of which enhance school readiness and future educational success. Head Start's health services are critical to children in poverty. To block grant Head Start to the states and remove the Performance Standard that requires health services, would be a radical departure from our past history of helping our nation's poorest children. It would gravely endanger the success of children that society has already deemed to be at-risk.

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EFF-089 (1/2003)

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